

CONTRACTOR REQUEST FOR EXTENSION OF CONTRACT TIME

North Dakota Department of Transportation, Construction
SFN 14461 (Rev. 05-2000)

Project Number	Type of Work	County
Original Contract Time (Completion Date Contract) or Working Days (Working Days Contract)		

Request is hereby made that the time allowed for completion of _____
_____ on this contract be extended, without liability for liquidated damages, to: _____ or _____ additional working days.
_____ New Completion Date _____ No. of Additional Days

REASONS

_____	_____	_____
Contractor	Signed	Date

OWNER'S ACTION

_____	_____	_____
Project Owner	Signature	Date

	Title	

APPROVED FOR FEDERAL AID

<input type="checkbox"/> NDDOT (Non NDDOT Project)		<input type="checkbox"/> FHWA (Required on NHS Projects > \$1 Million)	
By _____	_____	By _____	_____
	Date		Date
_____		_____	
Title		Title	